२ प्रस्थाः <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stand Received 5

Date Stamp(Recembed)

Permit #: Date:

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Refund: Amount Paid: 7:28-14

Bayfield Co. Zoning Dept.

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1 4 2014

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. --- HOW DO I FILL OUT THIS APPLICATION (visit our website

☐ Shoreland ————————————————————————————————————		Section 22	1/4,	PROJECT LOCATION	Authorized Agent: (Pe	Contractor:	Address of Property:	MILLLIE E	TYPE OF PERMIT RE Owner's Name:	O NOT START CONSTRUC
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶	Section 22 , Township 43 N, Range 70 W	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	DESIGN HOMES IK.	16555 PINE CT.	WILLIE E. FARUIZ	TYPE OF PERMIT REQUESTED → X LAND USE ☐ SAN Owner's Name:	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
ce, Pond or Flowage If yescontinue	r, Stream (incl. Intermittent) If yescontinue —	Town of	CSM Vol & Page	PIN: (23 digits) 04-012-2-43	Agent Phone: A	Contractor Phone: P	City/State/Zip:	657 GREEN	☐ SANITARY ☐ PRIVY ☐ Mailing Address:	
Distance Structure is from Shoreline :	Distance Structure is from Shoreline :	TOWNS OF CABLE	10t(s) No. Block(s) No. 5+6 -05000	PIN: (23 digits) 04-012-2-43-07-22-400-285 Volume	Agent Mailing Address (include City/State/Zip):	Plumber: ANDRY RABMUSSEN & SON	(ABLE, W), 54821	657 GREENCT ONALASKA, WI	☐ CONDITIONAL USE ☐ SPECIAL USE	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)
<b>∓</b> 	eline : Is Property in feet Floodplain Zone?	Lot Size	Subdivision:  WildeRiver					(	F.03 □ B.03	it our website www.bay
	erty in Are Wetlands in Zone? Present?	Acreage . 67+,98	iver	Document: (i.e. Property Ownership)	Written Authorization Attached  Yes No	Plumber Phone: 7/5 75 3355	797.9437	783.7538	Telephone: 606	yfieldcounty.org/zoning/asp)

Non-Shoreland							
Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	er
	New Construction	1-Story	🗏 Seasonal	<u></u>	☐ Municipal/City	. □ Citγ	<
ጉ	Addition/Alteration	☐ 1-Story + Loft	Year Round	又 2	文 (New) Sanitary Specify Type: ST/ DF	DF DWell	Ĕ
85.55	Conversion	☐ 2-Story		_] 3 ່	Sanitary (Exists) Specify Type:		
	☐ Relocate (existing bldg)	⊀ Basement			□ Privy (Pit) or □ Vaulted (min 200 gallon)	gallon)	I
	☐ Run a Business on	☐ No Basement		□ None	☐ Portable (w/service contract)		
	Property	☐ Foundation			☐ Compost Tollet		
					☐ None		
Existing Structure	Existing Structure: (if permit being applied for is relevant to it)	r is relevant to it)	Length:		Width: Height:		
Proposed Construction:	uction:		Length:		Width: Height:	••	

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

Proposed Use	<b>\</b>	Proposed Structure	Dimensions	Square
		Principal Structure (first structure on property)	×	
	K	Residence (i.e. cabin, hunting shack, etc.)	(28 × 32)	900
•	-	with Loft	( × )	
Residential Use		with a Porch	( x )	
		with (2 <sup>nd</sup> ) Porch	( ×	
	X	with a Deck	(C)×(S)	(50
	,	with (2 <sup>nd</sup> ) Deck	( x )	
Commercial Use	×	with Attached Garage	(24×24)	576
		<b>Bunkhouse</b> w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	( x )	
		Mobile Home (manufactured date)	( x )	
		Addition/Alteration (specify)	( x )	
Wunicipal Use		Accessory Building (specify)	( ×	
Don't for locusion		Accessory Building Addition/Alteration (specify)	( ×	
FIEC II IVI ISSUANCE	*********			
200		Special Use: (explain)	( x )	
		Conditional Use: (explain)	( x )	
		Other: (explain)	( x )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of til information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property analyte as any teasonable time in the purpose of inspection.

Authorized Agent:

Address to send permit

653

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(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter authorization must a

マインスマ pany this application) 54650

> Date 0 9 . P

Date

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Signature of Inspector:

Z)

Just

Hold For TBA:

Hold For Affidavit:

Hold For Fees:

Date of Approval 5-14

Date of Inspection:

Condition(s): Town, Committee

24-14 Inst

Inspected by:

∏ Yes

□ No −(If No they

need to be attached.)

Date of Re-Inspection:

□ □ 8 8

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PO Box 58
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BAYFIELD COUNTY WISCONSIN Date SIND Received JUL 1 1 2014

Permit #: Amount Paid: 7-28-14 140019

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSI

Bayfield Co. Zoning Dept.

Refund:

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☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —▶  Shoreland — ☐	Section 1, Township 43 N, Range 8	Sya NE 1/4, SW 1/4 Gov't Lot Lot(s)	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property: 44250 Big Break Rd	Blain & Nestel	TYPE OF PERMIT REQUESTED—>   X LAND USE   SANITARY
ske, Pond or Flowage  If yescontinue —	rer, Stream (Incl. Intermittent) If yescontinue>	_ W Town of:	) CSM Vol & Page	PIN: (23 digits) 04-012-2-45-0	Agent Phone:		City/State/Zip:	Mailing Address: 44745 Be, L	PRIVY
Distance Structure is from Shoreline fe	Distance Structure is from Shoreline fe	able	Lot(s) No. Block(s) No.	PIN: (23 digits)  04- 013-3-45-08-11-3 01-080-3000 volume 1081	Agent Mailing Address (include City/State/Zip):	Plumber:	WI 54821	Mailing Address: City/State/Zip: 44745 Be, Back Rol Cable, WI	☐ CONDITIONAL USE ☐ SPECIAL U
et :	ěť.	Lot Size	Subdivision:	Recorded Documer	/State/Zip):			I 54821	CIAL USE B.O.A.
•	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 20		Recorded Document: (i.e. Property Ownership) Volume 1081 Page(s) 718	Written Authorization Attached  Organization No	Plumber Phone:	Cell Phone:	Telephone: 798-3374	A DTHER

0.000 000								_	and the second s
Proposed Construction:		•				5000 0001C	^ }		Value at Time of Completion * include donated time & material
Proposed Construction: a,d,d,d			Property	<ul> <li>Run a Business on</li> </ul>	Relocate (existing bldg)	□ Conversion	★ Addition/Alteration	□ New Construction	Project
a, dd \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	💢 1-Story	# of Stories and/or basement
Hength:	langth: 36					- Innoversal Park Inches	Year Round	□ Seasonal	Use
1/63	:			None None		□ 3	□ 2	1	# of bedrooms
	30	None	☐ Compost Toilet	☐ Portable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	🔾 Sanitary (Exists) Specify Type: Δωι V	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
Height: QQ	٠ ۲				0 gallon)			□ City	Water

				The second secon
Proposed Use	`	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	( x )	
		Residence (i.e. cabin, hunting shack, etc.)	( x )	
<		with Loft	( x )	
Residential Use		with a Porch	( x )	
		with (2 <sup>nd</sup> ) Porch	( x )	
		with a Deck	( x )	
		with (2 <sup>nd</sup> ) Deck	( x )	
☐ Commercial Use		with Attached Garage	( × )	·
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	( x )	
		Mobile Home (manufactured date)	( x )	
		Addition/Alteration (specify)	( X )	
_ Wunicipal Use		Accessory Building (specify)	( x )	
Name and the state of the state	X	Accessory Building Addition/Alteration (specify)	(27×30)	- 8/O
Hec'd for Issuance	nage-painter			
		Special Use: (explain)	( x )	
C C C C		Conditional Use: (explain)	( x )	
Coprotorial Staff		Other: (explain)	( x )	
000000000000000000000000000000000000000	-			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) deciare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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My course	The X
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(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) 24LHH Big

Brook

Address to send permit

Rel Lable

TY

Date 7-10-71

 $\frac{54821}{\text{Sopy of Tax Statement V}}$ If you recently purchased the property send your Recorded Deed

Date

2 OTHER OWNER SIGNATURES OR LETTER OF AUTH.

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SUBMIT: COMPLETED APPI Bayfield County
Planning and Zoning Depart.
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APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DD) Stranding (Red) Week C. ŨŪ

7 2014

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN I

Bayfield Co.

Zoning Dept

	_	×	_				plain)	Other: (explain)		
	_	×	-	AND THE PROPERTY OF THE PROPER			Conditional Use: (explain)	Condition		
		>	-				special Use: (explain)	Special OS	I [	
	-	<	1					7	J	
	_	×	_			Iteration (specify)	Accessory Building Addition/Alteration (specify)	Accessory		
	_	>	-				Building (specify)	Accessory Building	Τ	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						(Augode)	, addition/	_	🗌 🗅 Municipal Use
376	2	×			ב	1	Alteration (consist)	Addition /	i P	
	_	×	_			(e)		Mobile H	_	
		×	_	& food prep facilities)	cooking	□ sleeping quarters, or	Bunkhouse w/ (□ sanitary, or □	Bunkhous		
	-	×	-			age	with Attached Garage	vol-ty-telledistraverless delta francess or a second	se	S commercial use
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	_	×	-				with Loft			
	_	×	-			hack, etc.)	Residence (i.e. cabin, hunting shack, etc.	Kesidence	<b></b>	
	_	:   ×	1-	man and the second seco		ure on property)	Principal Structure (first structure on property)	Principal		
Footage	ions	Dimensions			10	Proposed Structure			) <b>4</b>	Proposed Use
				7.1.100		C				
	Height:			Width:		Length:	r is relevant to it)	ng applied fo	(if permit bei	Existing Structure: (if permit being applied for is relevant to it)  Proposed Construction:
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THE PARTY OF THE P	nd-t-d-demoteurementele	טוונומני)		Compost Toilet	Š		- 1	11000	Property	Г
717)	co contract)	ontract)			None			inacc on	Run a Rusiness on	- lı
<u> </u>	min 200 gallo	CITY TYPE	Ac (c	Print (Dit) or Vanited (mi		name of the state	- 1	evisting bldg)	Relocate (existing bldg)	
	9	Specify Type:	She She	Capitani (Eviete	2 2	Year Kound	2-Story + LOIT	Alteration	Conversion	\$ } }
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			•	Municipal/City	<u> </u>	Seasonal	171_Story	truction	New Construction	Talenal weeken a
Water	tem 1?	What Type of Sewer/Sanitary System Is on the property?	hat To Sanit. the p	W Sewer/ Is on	of bedrooms	Use	# of Stories and/or basement	ä	Project	Value at Time of Completion * include donated time &
	Table 1005 Problems									
										V Non-Shoreland
□ Yes X No	Yes No	\	ne : _feet	acture is from Shoreline ;	Distance Structure	Pond or Flowage If yescontinue	Lake,	y/Land withir	☐ Is Propert	_ Snoreland
Are Wetlands Present?	ls Property in Floodplain Zone?	ls P	ne : feet	Distance Structure is from Shoreline:	Distance Stru	am (ind. intermittent)	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)  Creek or Landward side of Floodplain?  If yes—continue →	y/Land withir ndward side o	☐ Is Propert Creek or Lar	
J'/	, ,					Cable		1 1 .		
	Ac		Lot Size			Town of:	V, Range / W	5 43 N, Range	8 , Township	Section
Cable	00°	Se son	Subdivision:	Block(s) No.			Lot(s) CSM	Gov't Lot	1/4	25.86
Document: (i.e. Property Ownership)  11 22 Page(s) 538	Page	d Docum	Recorded	-301-05 <i>0</i> 00	7-18-200	04-012-2-43-07-	(Use Tax Statement) 04-		Legal Description:	PROJECT LOCATION
NO.	Attached	-1								
Written Authorization	Written		e/Zip):	Agent Mailing Address (include City/State/Zip):	ent Mailing Ad	_	_	(Person Signing Application on behalf of Owner(s))	son Signing Appl	ent:
Phone:	Plumber Phone:				Plumber:	one:	コ)ら Contr		ラシラク	Contractor:
574-538-9778	574-6				5482)		Ca	3	hom (	13425 High
<u>ē</u>	Cell Phone:	54834	HT.	Stand View,		19795 S.Sweden City/State/Zip:	(Bobby ) lor	beobs C		Address of Property:
163	Telephone:			Cíty/State/Zip:		Addre				Owner's Name:
OTHER		□ B.O.A.	USE	AL USE   SPECIAL USE	☐ CONDITIONAL USE	PRIVY	TAND USE SANITARY	2	QUESTED-	TYPE OF PERMIT REQUESTED—>

Address to send permit Je nnife (If you are sign ing on behalf of the owner(s) a letter Jacobs O.Box of authorization must accompany this application) 85 Cable, WI

Doldy meter(s) of alu

(If there are Wultiple Owners listed Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) may be a result of Bayridd County of all information I (we) and (res) providing and that it will be relied upon by Bayridd County in determining whether to itsue a permit. I (we) further accept flability which above described property at any reasonable title for the purpose of inspection.

Owner(s)

Owner Date

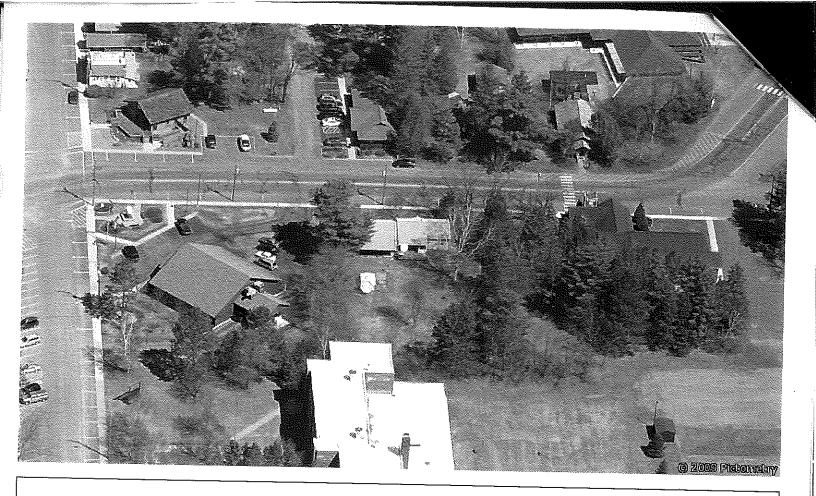
Attach

Copy of Tax Statement 

Group of Tax Statement 

If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)



Print Date: 07/17/2014 Image Date:04/23/2009 Level:Neighborhood

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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APPLICATION FOR PERMIT

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

TYPE OF PERMIT REQUESTED—> Owner's Name:	(UESTED— <b>&gt;&gt;</b>	VALAND USE		SANITARY   PR	□ PRIVY □ I	<del> </del> 其	Zip:	SPECIAL USE	B:O.A.	. U OTHER	HER
Address of Property:	500	acabs (	Boloby	Otty/state/zip:	19795 S. Sweden	len Grand	and View, WIT 54	ET 5	33	Cell Phone:	
13475 High		3	1	Contractor Phone:	<u> </u>	S4821			্ব জ	574-538-	574-538-4778
Authorized Agent: (Person Signing Application on behalf of Owner(s))	on Signing Applic	cation on behalf		Agent Phone:	8	ent Mailing Add	Agent Mailing Address (include City/State/Zip):	State/Zip):	The state of the s	Written Aut	Written Authorization Attached  Ores No
PROJECT LOCATION	Legal Description:		(Use Tax Statement)	- <b>CIQ-</b> 00 910 : NID	-00 6-81-10-64 - 6-610-60	00 E-81-	- <i>30</i> 7- <i>0</i> 50co	Recorded	Document: (	i.e. Propen Page(s)	Recorded Document: (i.e. Property Ownership) Volume 1122 Page(s) 538
1/4,	1/4	Gov't Lot	Lot   Lot(s)	CSM	Vol & Page 5	Lot(s) No.	Block(s) No.	Subdivision	ره <u>ح</u>	of Cable	ille
Section 18	, Township	N, Range	7	₩	Town of:	F P		Lot Size	(	Acreage ううう	
	☐ Is Property, Creek or Lanc	/Land within	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain?     f yescontinue	Stream (incl. Interm	ncl. Intermittent)	Distance Structure	cture is from Shoreline :	reline :	Is Property in Floodplain Zone?		Are Wetlands
<b>*</b>	ा s Property,	/Land within	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	y, Pond or Flowage	Flowage ontinue	Distance Structure	cture is from Shoreline : fee	reline : feet	□ Yes Æ No	3 55	□ Yes No
E Ivoli di Cicialia	202										
Value at Time of Completion * include donated time &	Project	CT.	# of Stories and/or basement	ent	Use	# of bedrooms	Sew	What Type of wer/Sanitary Sys	What Type of Sewer/Sanitary System Is on the property?		Water
	☐ New Construction	ruction	₩1-Story		Seasonal	<u></u>	₩Municipal/City	City			□ City
	Addition/Alteration	Iteration	☐ 1-Story + Loft		₩ear Round	2	☐ (New) Sanitary Specify Type:	tary Specify	cify Type:	warmele children broade and the second children between the children bet	Well
	Relocate (existing bldg)	xisting bldg)	□ Basement				□ Privy (Pit)	or Vauh	ulted (min 2	ted (min 200 gallon)	<u> </u>
	☐ Run a Business on Property	ness on	☐ No Basement☐ Foundation☐	1 12		∇ None		/service co	ontract)		
	***************************************	-		-			2				
Existing Structure: (if permit being applied for is relevant to it)	(If permit bein	ig applied for	is relevant to it)	Le <sub>r</sub>	Length:		Width:		Height:	ht:	
Proposed Construction:	ion:			Ler	Length:	***************************************	Width:		Height:	13.	
Proposed Use	•			Prop	Proposed Structure	U			Dimensions		Square Footage
		Principal S	Principal Structure (first structure on property)	tructure	on property)				×		
		Residence	(i.e. cabin, hunting shack, etc.)	ting shack	c, etc.)				×		
Residential Use	re I		with a Porch						×		
			with (2"") Porch	유					×	_  -	
•			with (2 <sup>nd</sup> ) Deck	<del>       </del>					×		
Commercial Use	se		with Attached Garage	Garage				_	×	_	
		Bunkhous	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	or □ slee	eping quarters, <u>o</u>	<u>ır</u> □ cooking &	food prep facilitie	(5)	×	-	
		Mobile Ho	Mobile Home (manufactured date)	ed date) _	04.33		6500		<u> </u>	- -	2/3
Municipal Use		Accessory Building	Accessory Building (specify)	ı Jı					1	- -	
Rec'd for Issuanc	ance -	Accessory	Accessory Building Addition/Alteration (specify)	on/Altera	ition (specify)		man malan malan man di Adda da ma'Adda Manda da da da man da m		. ×	-	
		Special Use: (explain)	e: (explain)						×	_	
		Condition	Conditional Use: (explain)						×	_	
On a solin of other		Other: (explain)	olain)						×	-	

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Owner(s):

SILEMENT SINIS

Mithe Deed All Owners must sign or bette

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mpany this application)

Date

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Date

Authorized Agent: (If there are Mu

(If you are signing on behalf of the owner(s) a Address to send permit <u>Jennifer</u> Jacobs

the owner(s) a lette

of author

Orization must accompany this application)

able,WI 54821

MT 5482 | Attach Copy of Tax Statement V f you recently purchased the property send your Recorded Deed

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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above described property at any reasonable time for the purpose of inspection.

nature of Inspector: Madado	Inspection Record:  Meta Wathur  Date of Inspection: 7-24-14  Condition(s):Town, Committee or Board Conditions  Contact USPS regard  Contact USPS regard	Jase #:	ermit Denied (Date):  ermit #: //L/DBS  Is Parcel a Sub-Standard Lot	9) Stal	etback to Drain Field  etback to Privy (Portable, Composting)  ior to the placement or construction of a structure within ten (10) feet of the previously surveyed corner or marked by a licensed surveyor at the own for to the placement or construction of a structure more than ten (10) feet the previously surveyed corner, or we previously surveyed corner, or we arked by a licensed surveyor at the owner's expense.	etback from the North Lot Line (etback from the South Lot Line etback from the West Lot Line etback from the East Lot Line etback from the East Lot Line	from the	Please complete (1) (7) above (prior to continuing)		(2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	
BA: Hold For Affidavit:	Inspected by: M.  Attached? Tes Tho-III  My State I	ㅁ꾸	666	ation(s) of New Construction, See Permits Expire One (1) Year from the & Two Family Dwelling: ALL Mucal Town, Village, City, State or Fed Sanitary Number:    Sanitary Number:   Construction   Construct	Feet Feet re minimum required setback, the bou ner's expense. but less than thirty (30) feet from the r erifiable by the Department by use of a	M Feet  ST Feet  SO D/- Feet  SO D/- Feet	Measurement  Weasurement  Who Tat Feet  Feet	r to continuing)	See attachment	North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Pl  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%	ox below: <u>Draw or Sketch your Property</u> (regardless of what you are applying for)  (1) Show Location of: Proposed Construction
Hold For Fees:	to be attached.)	Previously Granted by Variance (B.O.A.)  Case  Were Property Lines Represented by Owner  Was Property Surveyed	ion Required □ Yes ŽNo ion Attached □ Yes ŽNo	ptic Tank (ST), Drain field (DF), Holding Tank e Date of Issuance if Construction or Use has no nicipalities Are Required To Enforce The Unifor leral agencies may also require permits.  # of bedrooms:	ndary line from which the setback must be measured must be vis minimum required setback, the boundary line from which the set corrected compass from a known corner within 500 feet of the property of the pro	Setback from Wetland 20% Slope Area on property Elevation of Floodplain Setback to Well	Description  Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Changes in plans must be appr	ment.	ne Frontage Road) in Field (DF); (*) Holding Tank (HT) and/o *) Pond	ing for)
Date of Approval:	Zoning District (C) Lakes Classification (NH)  Date of Re-inspection:	# Aves	Affidavit Required	(HT), Privy (P), and Well (W).  ot begun.  m Dwelling Code.  Sanitary Date:	visible from one previously surveyed corner to the setback must be measured must be visible from e proposed site of the structure, or must be	NH □Yes NH	measurement Feet Feet Feet	Changes in plans must be approved by the Planning & Zoning Dept.		ır (*) Prīvy (P)	

